



Montgomery County Government

CONFIDENTIALITY AND RISK AGREEMENT

I understand that in the performance of my duties as a volunteer for Montgomery County Government, I may have access to confidential information. I understand that any violation of the confidentiality of this information may result in my dismissal or possible legal action taken against me.

I acknowledge the volunteer work I agree to perform may involve risk of personal injury or death; however, I agree to perform the duties assigned to me, and I accept responsibility for my personal safety.

Please Print Volunteer Name (First Name, Middle Initial, Last Name)

Volunteer Signature

Date

Volunteer Supervisor

Date

Department/Division